

VALENCIA COLLEGE

ORLANDO, FLORIDA, U.S.A.

J EXCHANGE VISITOR PROGRAM APPLICATION PACKET

**PROFESSOR, SHORT-TERM SCHOLAR, SPECIALIST
DESIGNATIONS**

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Steps to Process a Professor, Specialist, or Short-Term Scholar Application:

Use the following checklist to ensure that you submit a complete application packet. Check off each item as it is completed.

- _____ **Step 1:** Ensure that you meet the English language proficiency requirements for your program application: A TOEFL score of 64 or higher (Internet version), 180 (computer version), or 480 (paper version); or score a 7 or higher on the International English Language Testing System (IELTS). You may also submit a curriculum vitae, a writing sample, or participate in a telephone interview to determine your proficiency level in lieu of testing.
- _____ Step 2: Have your hosting department at the College complete the **Hosting Department Sign-Off Form** and submit a copy of this form to the Study Abroad and Global Experiences office (DTC-2). Your College liaison will let you know if the request has been approved. **NOTE: If you will be teaching for Valencia, you must meet the hiring requirements for the position.**
- _____ Step 3: Review the U.S. State Department's website (<http://www.state.gov/travel/>) for any special regulations governing all travel procedures for your country. Please note that security clearances can take several months.
- _____ Step 4: Complete the **J Exchange Visitor Program Application Packet:**
- DS-2019 Request Form:** Complete and sign the form.
 - Dependent Information Form (if applicable):** A separate DS-2019 will be issued for each eligible dependent.
 - Certification of Finances Form:** If your program duration is different than what is listed, use a monthly average.
 - Include an original **bank letter** on official bank letterhead not more than 30 days old. It must show the funds to support your entire program duration, be written in English, and converted to current American dollars.
 - Affidavit of Living Expenses:** If you will not be paying room and board, have your host complete this form. It must be notarized.
 - Sponsor's Certification Form:** Your program sponsor (the individual or entity funding your program) must complete this form.
 - Exchange Visitor Responsibility Form:** Read and sign this form.
 - Information Release Form (if applicable):** Complete and sign this form if you have someone in the U.S. assisting you in this process who will be submitting or picking up documents on your behalf,
 - Injury and Sickness Insurance Payment Options Form:** Follow the instructions on the top of the form.
 - Include a clear copy of the photo page and issue/expiration page of your **passport**.
 - Submit **proof of English** language proficiency.
- _____ Step 5: Submit this JEV Application Packet to the Responsible Officer listed on the next page.
- _____ Step 6: Once all JEV application documents are received and your online application is completed, you will:
- Be issued Form DS-2019 along with the **J Exchange Visitor Pre-Arrival Information Packet**.
 - If you would like these documents sent by expedited shipping, you must include a telephone number, credit card number, and expiration date on the "Shipping Agreement" section of the **DS-2019 Request Form**.
 - Be notified of your program approval by email.
- _____ Step 7: Review the **J Exchange Visitor Pre-Arrival Information Packet** thoroughly as it will help you through the process of applying for your visa, making housing arrangements, and preparing for your trip to Orlando, Florida.

continued next page...

Steps to Register (continued):

- _____ Step 8: Pay the J-1 I-901 SEVIS Fee of \$180 online at: <https://www.fmjfee.com/i901fee/>. You must print a copy of the paid receipt for your embassy appointment.
- _____ Step 9: Make an appointment with the U.S. Embassy in your home country to get the J-1 visa.
- _____ Step 10: After your visa request has been approved, make your housing and transportation arrangements for your stay in Orlando.

Upon arrival to the United States (you cannot arrive more than 30 days prior to your program start date):

- Check in with your College liaison in your hosting department to review the program schedule and obligations.
- Check in with the College's Responsible Officer.
- Pay for your Injury and Sickness Insurance at the campus Business Office.
- Obtain a Valencia ID number.
- Request your parking decal through your Atlas account.
- If you will be receiving a payment for any services rendered, be sure that you obtain your Vendor VID number. You must submit an invoice in order to get paid. Contact the Procurement Department if you have any questions.
- Attend the mandatory J Exchange Visitor Orientation.

Valencia College Contacts
<p>Ms. Bliss Thompson Counselor, International Student Services Responsible Officer (RO) Office: (011) 407-582-1561 Email: bthompson@valenciacollege.edu</p> <p>West Campus 1800 South Kirkman Road Orlando, Florida 32811</p>
<p>Ms. Jennifer Robertson Director, Study Abroad & Global Experiences Alternate Responsible Officer (ARO) Office: (011) 407-582-3404 Cell: (011) 407-967-5888 (for emergencies only) Email: jrobertson@valenciacollege.edu</p> <p>Downtown Center 2nd Floor 190 S. Orange Ave. Orlando, Florida 32809</p>

Today's Date (mm/dd/yyyy): _____

Designation Type:

- Professor (3 weeks to 5 years)
- Short-Term Scholar (1 day to 6 months)
- Specialist (3 weeks to 1 year)

Application Type:

- First-Time Participant
- Transfer In
- Change of Status
- Dependents will be coming
- I will be a paid vendor

Applicant Information: *Please print your name as it appears on your passport.*

Family Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (mm/dd/yyyy): _____ Gender: Male Female
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____ Country of Permanent Residency: _____
 Email Address: _____ Employment Status in Home Country: _____
 Emergency Contact Name, Phone, & Email: _____

Exchange Program Information: (if applicable—be sure to include a copy of your Learning Agreement)

Program of Study: _____
 Estimated Arrival Date: _____ Program Start Date: _____ End Date: _____
 Home Institution: _____ Country: _____
 Home Institution Contact Name: _____ Contact Email: _____

Overseas Contact Information:

Phone Number: _____
 Email Address: _____
 Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State/Province: _____
 Country: _____

U.S. Contact Information: (if available)

Phone Number: _____
 Email Address: _____
 Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State/Province: _____
 Country: _____

Shipping Agreement: *Please read and sign.*

I understand that Valencia will mail my DS-2019 by regular mail services. Should I require expedited shipping of my packet, I agree to pay for all applicable shipping costs with the credit card number provided below. Should this credit card be declined, I understand that it is my responsibility to provide the college with another credit card and that this might delay the shipping process.

 Exchange Visitor's Signature Date Telephone Number

 Credit Card Number Expiration Date Security Code (3 or 4 digit code)

Valencia accepts the following credit cards: Visa, Master Card, American Express, Discover

If any of your family members (spouse and/or children) will be accompanying you to the United States and will be applying for a J-2 dependent visa, please complete the following information. A separate DS-2019 will be issued for each eligible dependent.

Dependent 1:

Family Name: _____

First Name: _____ Middle Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: Male Female

Country of Birth: _____

Country of Permanent Residency: _____

Country of Citizenship: _____

Relationship to J Exchange Visitor: Spouse Child

Have you been on J-1 status before? Yes No

If yes, when: _____ For how long?: _____

Dependent 2:

Family Name: _____

First Name: _____ Middle Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: Male Female

Country of Birth: _____

Country of Permanent Residency: _____

Country of Citizenship: _____

Relationship to J Exchange Visitor: Spouse Child

Have you been on J-1 status before? Yes No

If yes, when: _____ For how long?: _____

Dependent 3:

Family Name: _____

First Name: _____ Middle Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: Male Female

Country of Birth: _____

Country of Permanent Residency: _____

Country of Citizenship: _____

Relationship to J Exchange Visitor: Spouse Child

Have you been on J-1 status before? Yes No

If yes, when: _____ For how long?: _____

Dependent 4:

Family Name: _____

First Name: _____ Middle Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: Male Female

Country of Birth: _____

Country of Permanent Residency: _____

Country of Citizenship: _____

Relationship to J Exchange Visitor: Spouse Child

Have you been on J-1 status before? Yes No

If yes, when: _____ For how long?: _____

This confidential financial certification form MUST be completed before the DS-2019 will be issued. Supporting financial documents must be originals and can be no more than 30 days old from the date of application or reapplication. If you have any questions about completing this form, contact the Responsible Officer listed on page 3 of this packet.

Family Name: _____ First Name: _____ Middle Name: _____

Phone: _____ Email Address: _____

The following information gives the fees for the program duration defined below. Please note that there is a \$180 SEVIS FEE in addition to the amounts listed below. You must show financial support for the entire program duration. Use the amounts below to calculate the total amount of funding required. Enter your program duration, the projected expenses, and the total into the table below. Do not include expenses that you will not incur.

Program Duration	1 Week	1 Month	1 Semester (5 months)	1 Year	
Injury and Sickness Insurance*	\$ 17	\$ 68	\$ 340	\$ 884	
Living expenses	\$ 324	\$ 1,295	\$ 5,180	\$15,541	
Transportation (car rental)	\$ 150	\$ 600	\$ 3,000	\$ 6,000	
Social and cultural activities	\$ 50	\$ 200	\$ 800	\$ 1,600	
Total Financial Requirement:	\$ 541	\$ 2,163	\$ 9,320	\$ 24,025	

*Prices are subject to change.

Financial Support in U.S. Dollars:

Enter your funding sources, the sponsor names, and the funding amounts below. The total should match the total you entered in the table above.

Enclose a signed copy of a Sponsor's Certification Form for each award for numbers 2 through 4 below.

1. Personal Savings Amount: \$ _____

2. Sponsor #1: _____ Funds Amount: \$ _____

3. Sponsor #2: _____ Funds Amount: \$ _____

4. Sponsor #3: _____ Funds Amount: \$ _____

5. Valencia College Sponsorship Amount: \$ _____

TOTAL \$ _____

TO BE COMPLETED BY EXCHANGE VISITOR'S FINANCIAL SPONSOR. This can be a parent, relative, friend, agency, or educational institution.

Date: _____/_____/_____
 month day year

Exchange Visitor's Name: _____
 Sponsor's Name (person or institution) _____
 Relationship to Exchange Visitor: _____
 Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City / State or Province / Country: _____
 Phone/s: _____
 Email: _____

This is to certify that _____ will provide the financial support for the Exchange
 (Sponsor's Name)

Visitor listed above from _____ to _____ in the amount of \$_____.
 (Start Date) (End Date) (U.S. dollars)

These funds will pay for the fees described in the Certification of Finances Form. Enclosed is a bank letter or statement from my financial institution.

 Authorized Name

 Signature

 Date

TO BE COMPLETED BY THE LANDLORD, PROPERTY OWNER, OR HOST IN ORLANDO, FLORIDA: By completing this affidavit, you are swearing to the U.S. government that this individual will receive free room and board for the duration of his/her program. You cannot require any type of service to be performed in exchange for this benefit. You are also proving that you are the person who owns or rents the property and can afford the support you are promising.

SWORN STATEMENT OF LIVING EXPENSES

I, _____, promise that _____ and
(Landlord, Property Owner, or Host's name) (Exchange Visitor's name)

_____, will live free of any charge in my home for his/her
(Dependent/s' names if applicable)

period of study at Valencia College.

Relationship to the Exchange Visitor: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I understand that this is a legal document. By signing and notarizing this paper, I am liable for providing this individual with a place to live free of charge for room and food for the duration of his/her Exchange Visitor Program. I will not require any type of compensation or service for this benefit.

- Included is a copy of my rental agreement or rent receipt.
- Included is a copy of my deed of ownership or my residence tax bill.

I swear that the information I have provided above is true and correct:

Signature of Landlord/Property Owner/Host

Sworn and subscribed before me this day

Signature of Notary

All Exchange Visitors are responsible for learning, understanding, and complying with United States federal laws and regulations governing the J visa. Failure to do so will violate the Exchange Visitor's legal status in the U.S. Please read the information below. Then sign and date the form and submit it with your registration packet. If you have any questions about completing this form, contact the Responsible Officer.

As an Exchange Visitor, my responsibilities include but may not be limited to the following items listed below:

- Upon arrival to the United States, check in with your RO/ARO and get registered in SEVIS.
- Retain required documentation at all times which include a valid DS-2019, I-94 card, and valid passport during the entire length of the program.
- Engage only in appropriate activities permitted, specifically in Section 4 of the DS-2019.
- Report address changes to your assigned RO/ARO within 10 days of the move date.
- Maintain the required sickness and injury insurance coverage for the entire program period (including program extensions). You must purchase the College's policy for yourself and any dependents in J-2 status.
- Comply with employment guidelines and refrain from any unauthorized employment. All employment activity that is not included in Part 4 on the DS-2019 must be approved in writing by the RO/ARO before the activity begins. Students may only work at the designated internship site and be "in good standing" with their employer.
- Report any proposed program changes to the RO/ARO in advance.
- File timely and appropriate school transfer or program extension requests with the corresponding department.
- Obtain a travel signature on the DS-2019 from the RO/ARO prior to departing the United States anytime during your program duration. Please note that exchange visitors may not be allowed to re-enter the U.S. without travel authorization.
- Comply with all academic program guidelines and acceptable standards of conduct.
- Report your departure date and reason to the RO/ARO in advance. You must depart the United States within 30 days of completing or ceasing program activities. Overstaying the 30 days is a serious immigration violation that may negatively affect your ability to obtain a new visa or re-enter the U.S. in the future.
- **Home-Country Physical Presence Requirement:** This requirement means that an Exchange Visitor who is within the purview of section 212(e) of the Immigration and Nationality Act (substantially quoted in §62.44) must reside and be physically present in the country of nationality or last legal permanent residence for an aggregate of at least two years following departure from the United States before the exchange visitor is eligible to apply for an immigrant visa or permanent residence, a nonimmigrant H visa as a temporary worker or trainee, or a nonimmigrant L visa as an intra-company transferee, or a nonimmigrant H or L visa as the spouse or minor child of a person who is a temporary worker or trainee or an intra-company transferee.

I have read and understood my responsibilities as an Exchange Visitor at Valencia College. I understand that failure to comply with the above requirements will result in the termination of my DS-2019, my program at Valencia College and all employment contracts. I also understand a termination of my DS-2019 may negatively affect my ability to obtain a new visa in the future.

I have read and agree to comply with the terms and conditions of my admission and those of any extensions of stay as specified by federal regulations. I certify that all information provided on these forms refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, at Valencia College, and solely for the purpose of pursuing the activity or activities identified in item 4 of the DS-2019.

Exchange Visitor's Name

Signature

Date

This form should be used for all Exchange Visitor designations. You will need to complete this form and bring it with you when you meet with your RO or ARO in the United States. Please note that you will need your Valencia ID number before you can purchase your insurance. The insurance coverage must be for the duration of your program. If you extend your program, you must also extend your insurance coverage period. Coverage includes the following:

- *At least \$50,000 person per accident/illness*
- *\$7,500 for repatriation coverage*
- *\$10,000 for medical evacuation coverage*
- *A deductible not to exceed \$500 per accident/illness*

Applicant Information:

Family Name: _____ First Name: _____ Middle Name: _____

Valencia Identification Number (VID): _____

Credit Card Payment Instructions:

If you are paying your insurance premium by credit card, please include the following:

Credit Card Company: _____

Credit Card Number: _____

Expiration Date: _____

Authorization Statement: I, _____, give authorization to Valencia
(card holder's printed name)

College to process the health insurance premium payment to my credit card in the amount of \$ _____

Card Holder Signature

Date

Wire Transfer Instructions:

Wire transfers must include the Exchange Visitor's name, program dates or term, Valencia Identification Number (VID) and the following notation: *These funds are to be used to pay for the required Injury and Sickness Insurance policy for this applicant.*

There must be enough funds wired to cover all processing fees. This generally does not exceed \$50.

Payment should be wired to: Fifth Third Bank
P.O. Box 630900
Cincinnati, OH 45263
ABA#: 042000314

International U.S. dollar wire transfers to: SWIFT # FTBCUS3CC

Deposited to: Valencia College

Account Number: 7440801798